



INTERMENT ORDER

_____Highland Cemetery
_____Jamesburg Park Cemetery

CITY LICENSE
(316) 268-4553

Per Burial:	<u>M-F</u>	<u>SAT</u>
Adult	\$310.00	\$485.00
Child	270.00	485.00
Cremains	75.00	200.00
Disinterment	\$375.00	\$375.00

Interments and disinterments not performed on Sunday and must not be set for Saturday after 12 noon.

(funeral director) is hereby authorized and instructed to inter or
disinter the remains of _____ in Section _____, Lot _____,
Grave No. _____, in the cemetery checked above, in Wichita, Kansas.

I, _____ (name and address-please print),
hereby certify that I am the _____ (relationship) of the above-named decedent and
this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify and
represent that I have the right to make this authorization and I agree to hold the City of Wichita harmless from any
liability on account of said authorization and interment or disinterment.

Signature _____ Date _____

Witness _____

Funeral Home _____ Funeral Director _____

Date of Interment or Disinterment _____

Time of Church or Funeral Home Service _____ Time of Grave Side Service _____

FOR OFFICIAL USE ONLY

License Number	Fee Paid	Issued By
Date Records Posted	Date Issued	